

**OWNER'S SUPPLEMENTAL CERTIFICATION OF
CONTINUING PROGRAM COMPLIANCE**

Certification Dates:	From: January 1, 2005 - December 31, 2005
Project # and Name:	
Tax ID # and Ownership Entity:	

The undersigned _____ on behalf of _____
(the "Owner"), hereby certifies that:

No tenants in low-income units were evicted or had their tenancies terminated other than for good cause, and no tenants had an increase in the gross rent with respect to a low-income unit not otherwise permitted under Section 42 pursuant.

☐ **YES** ☐ **NO** ☐ **N/A**

The project is otherwise in compliance with the Code, including any Treasury Regulations, the applicable State Allocation Plan, and all other applicable laws, rules and regulations. This Supplemental Certification and any attachments are made under penalty of perjury. This certification is a supplement to the Owner's Certification of Continuing Program Compliance dated _____, which the undersigned certifies is still true and correct.

(Ownership Entity)

By: _____

Title: _____

Date: _____